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FAX NUMBER:	703.872.9306	TOTAL NO. OF PAGES INCLUDING COVER:	
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	D-7888
RE:	USSN 10/807,712	YOUR REFERENCE NUMBER:	

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NOTES/COMMENTS:

INVENTOR: **Bonnain**
SERIAL NO.: **10/807,712**
TITLE: **PACKAGING SYSTEM APPARATUS AND METHOD THEREFOR**
Filing DATE: **March 19, 2004**
DOCKET #: **D-7888**

The "Received" stamp of the Patent Office imprinted hereon will acknowledge receipt of:

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DATED: JULY 7, 2005

ATTORNEY: CYNTHIA R. PARKS REG. NO. 52,096

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PTO/SU/21 (1/9/04)


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/807,712
	Filing Date	03/19/2004
	First Named Inventor	BONNAIN
	Art Unit	2125
	Examiner Name	JARRETT, Ryan A.
Total Number of Pages in This Submission	Attorney Docket Number	D-7808

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return receipt postcard (fax cover sheet) Credit Card Payment Form
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Parks Knowlton LLC		
Signature			
Printed name	Cynthia R. Parks		
Date	July 7, 2005	Reg. No.	52,096

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Signature			
Typed or printed name	Cynthia R. Parks	Date	July 7, 2005

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